

FILED MAR 15 1950

STANDARD CERTIFICATE OF DEATH

4019

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>24 hr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gillis Bluff Twp.</u>		0/20	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctor's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobbie</u>		b. (Middle) <u>Gene</u>		c. (Last) <u>Kinney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Feb. 11, 1950</u>	
9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months <u>20</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u>20</u> Min. <u>20</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Chester Kinney</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chester Kinney</u> ADDRESS <u>Dulin Mo Rt 2</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart</u> ANTECEDENT CAUSES <u>Bronchus pneumonia</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>75-44</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-28-</u> , 19 <u>50</u> , to <u>3-1-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3-1-</u> , 19 <u>50</u> , and that death occurred at <u>9:39 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arthur C. Parker, M.D.</u> (Degree or title)				23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>3-8-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berger Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dulin - Missouri Rt 2</u>	
DATE REC'D BY LOCAL REG. <u>March 9, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Landers Funeral Home</u> ADDRESS <u>Campbell, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 14 1958

350-125-~~228~~

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Not Embalmed*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.